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Practitioner's Docket No. 5205 P3005.001

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Prabhakar et al

Application No.: 09/578,277 Group No.: 2747

Filed: May 25, 2000

Examiner:

For: MEDICINE ADMINISTRATION METHOD

Assistant Commissioner for Patents
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3. ☒ Title
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5. ☐ Application Number
6. ☐ Foreign/PCT Application Re:
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Correct data

- 1.
- 2.
3. MEDICINE ADMINISTRATION METHOD
- 4.
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(Request for Corrected Filing Receipt [5-8]—page 1 of 2)

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P.O. Address

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Bib Data Sheet


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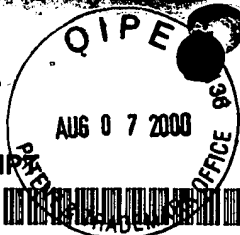
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SERIAL NUMBER 09/578,277	FILING DATE 05/25/2000 RULE -	CLASS 700	GROUP ART UNIT 2747	ATTORNEY DOCKET NO. 5205 P3005.01
APPLICANTS Indira C. Prabhakar, Saginaw, MI ; Bangalore Prabhakar, Saginaw, MI ;				
** CONTINUING DATA *****				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 07/29/2000				
** SMALL ENTITY **				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY MI	SHEETS DRAWING 2	TOTAL CLAIMS 6
INDEPENDENT CLAIMS 2				
ADDRESS Reising Ethington Barnes Kisselle Learman & McCulloch P C 5291 Colony Drive North Saginaw ,MI 48603				
TITLE Medicine administration method				
FILING FEE RECEIVED 345	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/578,277	05/25/2000	2747	345	5205 P3005.01	2	6	2

Reising Ethington Barnes Kisselle Learman
& McCulloch P C
5291 Colony Drive North
Saginaw, MI 48603

Date Mailed: 07/31/2000

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

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Bangalore Prabhakar, Saginaw, MI ;

Continuing Data as Claimed by Applicant

Foreign Applications

If Required, Foreign Filing License Granted 07/29/2000

** SMALL ENTITY **

Title

Medicine administration method technical field

Preliminary Class

700

Data entry by : DAY, MARIAN

Team : OIPE

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